

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Marie Nathalie KOLOPP-SARDA et al.

Title: METHOD OF DIAGNOSING INFECTIOUS DISEASE BY MEASURING
THE LEVEL OF SOLUBLE TREM-1 IN A SAMPLE

Appl. No.: 10/587,356

International 1/27/2005

Filing Date:

371(c) Date: 06/25/2007

Examiner: Shahnan Shah, Khatol S.

Art Unit: 1645

Conf. No.: 6647

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

Also enclosed:

- [X] Sequence Listing in Computer Readable Format (txt document).
- [X] Statement to Support Filing and Submission in Accordance with 37 C.F.R.
§§ 1.821-1.825 (1 page).

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	16	-	21 = 0	x \$52.00	= \$0.00
Independent Claims:	5	-	6 = 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$390.00		= \$0.00
			CLAIMS FEE TOTAL		= \$0.00

[X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[X] Extension for response filed within the second month:	\$490.00	\$490.00
[] Extension for response filed within the third month:	\$1,110.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$490.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$490.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$490.00

The above-identified fee of \$490.00 is being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to

Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: March 23, 2010

By: /Stephanie H. Vavra/ Reg. No. 45,178

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for Michele M. Simkin
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